



OFFICE OF LAND QUALITY  
HAZARDOUS WASTE HANDLER IDENTIFICATION FORM: ID FORM

RECEIVED

MAR 04 2008

County DELAWARE

1A

JED

Information on file as of: 12/3/2007

Instructions at [www.in.gov/idem/programs/land/hazwaste/notifiers/ins.htm](http://www.in.gov/idem/programs/land/hazwaste/notifiers/ins.htm)

RCRA ID

NAME

Changes needed

IND006049456

MID CITY PLATING COMPANY INC

LOCATION ADDRESS

Changes needed

921 E CHARLES ST

MUNCIE

IN

47305

If you have moved, you may  
not use your old RCRA ID.  
You must apply for a new  
ID# for the new location

Land type for  
facility location

P

P-private M-municipal C-county  
S-state  
F-federal D-district I-Indian O-Other

We moved \_\_\_\_\_ Post Office change \_\_\_\_\_

HAZARDOUS WASTE GENERATOR ACTIVITY

Generator types

LQG = large quantity  
SQG = small quantity  
CEG = conditionally exempt

OLQ records

LQG

Status in 2007

☒ LQG \_\_\_\_\_ Non-handler  
☐ SQG \_\_\_\_\_ Out of Business  
☐ CEG

Status in 2008

☒ LQG \_\_\_\_\_ Non-handler\*  
☐ SQG \_\_\_\_\_ Out of Business\*  
☐ CEG

If you mark non-handler or out of business, the ID# number is no longer valid and you must renotify before using it again.

MAILING ADDRESS

Changes needed

921 E CHARLES ST

PO BOX 6

MUNCIE

IN

47308

CONTACT FOR HAZARDOUS WASTE ACTIVITIES

Changes needed

RODNEY MUZZARELLI

GEN MGR

921 E CHARLES

PO BOX 6

MUNCIE

IN

47308

Phone 765-289-2374

ext:

fax: 765-289-2520

e-mail: ROD@MCPLATING.COM

CONTACT FOR ANNUAL/BIENNIAL REPORT QUESTIONS

Last Name MUZZARELLI

First Name RODNEY

Title PLANT MANAGER

E-mail address rod@mcplating.com

Phone # 765-289-2374

CERTIFICATION

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete.

Last Name MUZZARELLI

First name RODNEY

Title PLANT MANAGER

E-mail address

rod@mcplating.com

Phone # 765-289-2374

Signature

Date 2-28-08

Go to page 2

**HW LOG FEES CONTACT**

Fee Invoices will be sent to this address

Changes needed

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**OWNER INFORMATION**

Changes needed

MID CITY PLATING CO INC  
921 E CHARLES ST

Owner type: P

P-private M-municipal  
C-county S-state  
F-federal D-district  
I-Indian O-other

MUNCIE IN 47305

Phone: 765-289-2374

fax:

e-mail

Effective: 01/01/0002

Expiration:

If the land owner is different  
please list name and address  
in the comments.

Did the owner change? yes ☒ no Date of change \_\_\_\_\_

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**NAICS CODES**A code that describes your type of business. Go to [www.naics.com](http://www.naics.com) to find a listCurrent codes 332813**HAZARDOUS WASTE ACTIVITIES**

☐ BIF: smelting, melting,  
refining exemption

☐ BIF: small quantity  
on site burner exemption

Transporter: ☐ We transport our own waste (S)  
☐ We transport commercially (C)  
☐ We no longer are a transporter

**TSD Facility**

☐ US Importer of Hazardous Waste  
☐ Mixed Waste Generator  
(hazardous and radioactive)

**USED OIL ACTIVITIES**

If you are just a generator of used oil this section does not apply to you.

Processor: \_\_\_\_\_ Transporter: \_\_\_\_\_

Rerefiner: \_\_\_\_\_ Transfer facility: \_\_\_\_\_

☐ Off-spec used oil burner☐ Marketer who directs shipment to off-spec burner☐ Marketer who first claims oil meets specs**UNIVERSAL WASTE ACTIVITY**

Large handler: accumulates &gt; or = 11,000 pounds

Batteries: ☐ manage Thermostats ☐ managePesticides: ☐ manage Lamps ☐ manageOther: ☐ manage

Specify other \_\_\_\_\_

UW destination facility \_\_\_\_\_

UW transporter \_\_\_\_\_

**TRANSFER FACILITY**

Current activities

Changes Needed: ☐ Mix ☐ Commingle  
☐ Bulk ☐ Repackage  
☐ Pump ☐ Open containers  
☐ Combine ☐ Transfer between vehicles

COMMENTS:

**Return to:**

Data Services Section  
Office of Land Quality  
Indiana Department of Environmental Management  
100 North Senate Avenue, Room 1101  
Indianapolis, IN 46204-2251

## HAZARDOUS WASTE BIENNIAL REPORT

State Form 52388 (9-05)

Indiana Department of Environmental Management

RECEIVED

MAR 04 2008

FORM  
GM

RCRA ID | I | N | D | 0 | 0 | 6 | 0 | 4 | 9 | 4 | 5 | 6 |

REPORT YEAR 2007

NAME MID CITY PLATING CO, INC.

<b>A. Waste Description</b>	WASTEWATER TREATMENT SLUDGES FROM CN-ZN ELECTROPLATING RQ HAZARDOUS WASTE, N.O.S., CLASS 9 UN 3077 PG III F006 FILTERCAKE
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<b>B. Waste Codes</b>	F   0   0   6
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<b>C. Quantity Generated</b>	1   9   7   6   0   .   0	<u>  </u> pounds <u>  </u> tons	<u>  </u> kilograms <u>  </u> metric tons
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<b>D. Form Code</b>	W   5   0   4	<b>E. Source Code</b>	G   2   3   (If G25 enter a management code) H   0   7   7
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		<b>F. RCRA ID of Facility Shipped To</b>	<b>G. Quantity Shipped Off-site</b>	<b>H. Management Code</b>
<b>OFF SITE SHIPMENT</b>	Site #1	I   L   D   0   0   0   6   6   6   2   0   6	1   9   7   6   0   .   0	H   1   1   1
	Site #2			H
	Site #3			H
	Site #4			H

		<b>I. Management Code</b>	<b>J. Quantity Managed On-site</b>
<b>ON SITE MANAGEMENT</b>	System #1	H	
	System #2	H	

COMMENTS:

# HAZARDOUS WASTE BIENNIAL REPORT

State Form 52389 (9-05)

Indiana Department of Environmental Management



RCRA ID | I | N | D | 0 | 0 | 6 | 0 | 4 | 9 | 4 | 5 | 6 |

REPORT YEAR 2007

NAME MID CITY PLATING CO., INC.

Off-Site Installation#1	RCRA ID	I   L   L   0   0   0   6   6   6   2   0   6	<input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Treatment, Storage, Disposal	
	Name	ENVIRITE OF ILLINOIS, INC.		
	Address	Street 16435 CENTER AVE City HARVEY State IL ZIP 60426		

Off-Site Installation#2	RCRA ID		<input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Treatment, Storage, Disposal	
	Name			
	Address	Street City State ZIP		

Off-Site Installation#3	RCRA ID		<input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Treatment, Storage, Disposal	
	Name			
	Address	Street City State ZIP		

Off-Site Installation#4	RCRA ID		<input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Treatment, Storage, Disposal	
	Name			
	Address	Street City State ZIP		

COMMENTS: